PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**RECEIVED** 

MAY 0 3 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(	s) EVELYN AISA	
II. Name of lobbyist'	Name of lobbyist's partnership, firm or corporation, if any:	
REACHING	re of partnership, firm or corporation)	
40 NORTH	MAIN STREET, STE 20 reet) (Fown/City)	04 CONCOLD NHOSSO 1 (State) (Zip Code)
(Telephone)	(Fax	e-mail evelyn ereachyng hyghern
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).		
All reportable tran	sactions occurring in the months prior to	the reporting date relative to the following client:
	(Full Name of Client as it appears on the L	obbyist Registration Form)
OR  ☐ All reportable transumrelated to any partic		bbyist's family), or the lobbying firm listed below which are
IV. Date of Report Reports cover: active	April 25, 2018 ity from date of registration to 3/31/18	July 25, 2018
	October 31, 2018  activity from 7/1/18 to 9/30/18	January 30, 2019 $\square$ activity from 10/1/18 to 12/31/18
V. There have been If this box is checked, Concord, NH 03301.	no fees received and no reportable complete just this form and submit it to to	transactions made since the last report.  the Secretary of State's Office, State House, Room 204,
VI. Check if addition	al reports are attached:	
☐ If you have receive	ed fees or made expenditures, you must	file Addendum A— Fees and Expenses
☐ If you have paid at Expense Reimburseme		ou must file Addendum B- Report of Honorariums or
_		outions, you must file Addendum C- Political Contributions
I have read RSA 15, R	irmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and h st of my knowledge and belief.	nereby swear or affirm that the foregoing information is true
		$Apn(25,\omega_{18})$
(Signature of Idobyist)	ASSA	(Date)
(Print Name of lobbyi	st)	